

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :
Paul Baldina-Brunel et al. : Attorney Ref.: 2000-0452
Serial No.: 09/882,036 : Art Unit: 2623
Filed: June 18, 2001 : Examiner: Son P Huynh
:

**FOR: METHOD OF TRANSMITTING LAYERED VIDEO-CODED
INFORMATION**

AMENDMENT

MAIL STOP: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action dated April 5, 2006, kindly enter the following
amendment and remarks.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

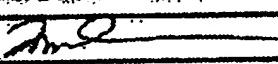
Total Number of Pages in This Submission:

Application Number:	09/202,638
Filing Date:	June 18, 2001
First Named Inventor:	Peter Bischis-Gavalas et al.
Art Unit:	2633
Examiner Name:	Boz P. March
Attorney Docket Number:	2000-6432

ENCLOSURES (Check off that apply)

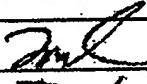
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> SI Appendix and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Claimed Is-a	<input type="checkbox"/> Appeal Communication to TC
<input type="checkbox"/> A Disavowal/Moderation(s)	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> Appeal Notice, Brief, Reply Brief
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney/Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment (Request)	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Reply to Missing Parts - Procedural Application	<input type="checkbox"/> CD, Number of CDEs _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Landscape Table on CD	
None		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

First Name:	The Law Office of Thomas M. Isaacson		
Signature:			
Printed name:	Thomas M. Isaacson		
Date:	7/5/01	Reg. No.	44,158

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name: Tom Isaacson

Date: 6/7/01

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